

# Financial Agreement

## Family Information

Child's name : \_\_\_\_\_ DOB: \_\_\_\_\_.

Father/ Guardian's Name: \_\_\_\_\_.

Last 4 digits SS # \_\_\_\_\_ . E-mail: \_\_\_\_\_.

Mother / Guardian's Name: \_\_\_\_\_.

Last 4 digits SS # \_\_\_\_\_ . E-mail: \_\_\_\_\_.

I agree to pay the Assembly of God annual registration fee of \$ 130.00.

I agree to pay the tuition fee of \$ 265.00 in advance on Friday of each week. The payment can be made by check, money order or card (for card add 1.5% of fee). No CASH will be accepted.

If I pick up my child later than my paid service time (6 pm), I agree to pay the penalty of \$2.00 per minute.

I have read, and accepted the Daycare policy regarding a Late Payment fee in the amount of 10% of the tuition.

I agree to give **two week's notice before removing my child from the Center**. If removing my child for any other reason than illness, I will agree to pay for the two next weeks.

I understand that my child will no longer be allowed to attend Assembly of God Daycare if his bill is delinquent over two (2) weeks. This would not cancel my responsibility for covering the cost of **theses two weeks and the two week notice**.

I understand that Assembly of God Daycare allows my child one (1) week vacation at no charge to me **after their first year**. However, a two week advance notice is required and all weekly fee paid on time.

**I understand if I have an unpaid balance to Assembly of God Day Care and not satisfactory payment arrangements, my account may be placed with an external collection agency. I will be responsible for reimbursement of any fees from the collection agency, including all cost and expenses incurred collecting my account, and possibly including attorney's fees if so incurred during collection efforts.**

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date